

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo.) (day) (yr.) (mo.) (day) (yr.)



## Do I Need Any Vaccinations Today?

Many adults are behind on their vaccinations. These checklists will help you determine if you need any vaccinations. Please check the boxes that apply to you.

### Influenza vaccination

- ☐ I am 50 years of age or older.
- ☐ I am younger than 50 years of age, and one or more of the following conditions or situations applies to me:
  - \_\_\_ lung disease
  - \_\_\_ heart disease
  - \_\_\_ kidney disease
  - \_\_\_ diabetes mellitus
  - \_\_\_ HIV/AIDS
  - \_\_\_ a disease that affects my immune system
  - \_\_\_ a condition that may cause me to choke when I swallow (e.g., neuromuscular disorder, spinal cord injury, seizure disorder)
  - \_\_\_ I live in a nursing home or chronic care facility.
  - \_\_\_ I will be pregnant during the influenza season (December–March).
  - \_\_\_ I provide essential community services.
  - \_\_\_ I am a healthcare worker.
  - \_\_\_ I am a household contact or caregiver of a person who has one of the illnesses listed at the left, is elderly, or is 0–23 months of age.
- ☐ I am not in one of the groups listed above, but I'd like to be vaccinated to avoid getting influenza this season.

### Pneumococcal vaccination

- ☐ I am 65 years of age or older, and I have never had a dose of pneumococcal vaccine.
- ☐ I am 65 years of age or older and had one dose of pneumococcal vaccine when I was under 65; it has been at least 5 years since that dose.
- ☐ I have one of the following health problems and I (☐ have) (☐ have not) had a previous dose of pneumococcal vaccine.
  - \_\_\_ lung disease (not asthma)
  - \_\_\_ heart disease
  - \_\_\_ diabetes mellitus
  - \_\_\_ alcoholism
  - \_\_\_ cochlear implant
  - \_\_\_ kidney disease
  - \_\_\_ liver disease
  - \_\_\_ HIV/AIDS
  - \_\_\_ Hodgkin's disease
  - \_\_\_ leukemia
  - \_\_\_ multiple myeloma
  - \_\_\_ lymphoma
  - \_\_\_ organ or bone marrow transplant
  - \_\_\_ generalized malignancy
  - \_\_\_ cerebrospinal fluid leak
  - \_\_\_ sickle cell disease
  - \_\_\_ had my spleen removed
  - \_\_\_ on medication or receiving x-ray treatment that affects my immune system

### Tetanus- and diphtheria-containing vaccination (e.g., DTP, DTaP, Tdap, or Td)

- ☐ I have not yet had at least 3 tetanus- and diphtheria-containing shots.
- ☐ I have had at least 3 tetanus- and diphtheria-containing shots in my lifetime, but I believe it's been 10 years or more since I received my last shot.
- ☐ I have no idea if I ever received any tetanus- and diphtheria-containing shots in school, the military, or elsewhere.

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**Hepatitis A vaccination**

- ☐ I am in one of the following risk groups, and I haven't had the 2-dose vaccination series against hepatitis A:
- I travel in countries other than the U.S., Western Europe, Canada, Japan, Australia, and New Zealand.<sup>1</sup>
  - I use street drugs.
  - I am a man who has sex with men.
  - I have chronic liver disease.
  - I have a clotting factor disorder.
- ☐ I wish to receive hepatitis A vaccine to be protected against hepatitis A even though I am not in one of these groups.

**Hepatitis B vaccination**

- ☐ I am in one of the following risk groups, and I haven't completed the 3-dose vaccination series against hepatitis B:
- I live with a person who has long-term hepatitis B virus infection.
  - I have a bleeding disorder that requires transfusion.
  - I am or will be on kidney dialysis.
  - I am an immigrant, or my parents are immigrants from an area of the world where hepatitis B is common.<sup>2,3</sup>
  - I inject street drugs.
  - I am a sex partner of a person with hepatitis B.
  - I've been diagnosed with a sexually transmitted disease.
  - I have had more than one sex partner in a 6-mo. period.
  - I am a man who has sex with men.
  - I am a healthcare or public safety worker who is exposed to blood or body fluids.
  - I provide direct services for people with developmental disabilities.
  - I travel outside of the U.S.<sup>1,2</sup>
- ☐ I wish to receive hepatitis B vaccine to be protected against hepatitis B even though I am not in one of these groups.

**Measles-Mumps-Rubella (MMR) vaccination**

- ☐ I was born after 1956 and never received a dose of MMR.
- ☐ I am a woman thinking about a future pregnancy and do not know if I'm immune to rubella.
- ☐ I am included in one of the following groups for whom two doses of MMR are recommended, but I have only received one dose of MMR.
- |                               |  |
|-------------------------------|--|
| ___ I am a healthcare worker. | ___ I am entering college or a post-high school educational institution. |
| ___ I travel internationally. | ___ I had a blood test that shows I do not have immunity to rubella.     |

**Chickenpox (Varicella) vaccination**

- ☐ I have never had chickenpox disease or varicella vaccination.
- ☐ I'm not sure if I've had chickenpox or not.
- ☐ I may become pregnant and do not know if I'm immune to chickenpox.

**Meningococcal vaccination**

- ☐ I am (or will be) a college freshman living in a dorm.
- ☐ I am traveling to an area of the world where meningococcal disease is common.<sup>1</sup>
- ☐ I have sickle cell disease, or my spleen isn't working or has been removed.

**Note:** Adults may need additional vaccines, such as pertussis, Hib, polio, or others. Talk to your healthcare provider.

1. Call your local travel clinic to find out if additional vaccines are recommended.

2. Areas with high rates of hepatitis B include Africa, China, Korea, Southeast Asia including Indonesia and the Philippines, the Middle East except Israel, South and Western Pacific Islands, interior Amazon Basin, and certain parts of the Caribbean (i.e., Haiti and the Dominican Republic). Areas with moderate rates include South Central and Southwest Asia, Israel, Japan, Eastern and Southern Europe, Russia, and most of Central and South America.

3. Adults from these areas should be tested for hepatitis B infection prior to vaccination.